## **POST SPECIAL PROJECT ENTRY FORM**

## All entries must be in the form of a record book (binder) and this form must be the first page of your book. Information should be neatly presented and in chronological order. All entries must be post-marked by midnight April 30.

VFW Post/Auxiliary (if applicable), County Council, District	and Department:			
Address:	_ City/State/Zip Code:			
Telephone Number: ()	_ Email Address:			
Date of project from inception to conclusion://	_ to/			
List of other organizations that assisted (if none leave blank	•			
Number of people who benefitted from this effort:				
List of local media and addresses (we will send them news re				
Submitted By:				
Name: VI	FW Position/Title:			
Address: City/Stat	e/Zip Code:			
Telephone Number: ()	_ Email Address:			
Department Signatures:				
Community Service Chairman:				
Sign: Pr	int:	Date:	/	/
(This signature confirms that you have reviewed this entry a to support the nomination.)	nd are verifying the form is complete a	and there	is evi	dence
Department Adjutant:				
Sign: Pr	int:	Date:	/	/
Mail your	Entry to:			
Attn: Ni	Headquarters ck Lopez 4th Street 7, MO 64111			

If you have any questions, please contact Nick Lopez at 816.968.1155 or nlopez@vfw.org